## N 19077

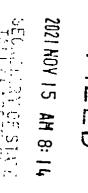
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C. BRUMBLEY
DEC - 8 2021

## **COVER LETTER**

TO: Amendment Section

Division of Corporations

PLAYERS, INC. d/b/a MAINSTREET PLAYE NAME OF CORPORATION: 907 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Name of Contact Person) MAIN STREET PLAYERS 6766 MAIN STREET MIAMILLAKES, FLORIDA 33014 E-mail address: (to be used for future annual report/notification) For further information concerning this matter, please call: EUNIS J. LYZNIAK at 786-395-7296
(Name of Contact Person) (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$\Bigcup \$43.75 Filing Fee & Barrier Certificate of Status Certified Copy □\$52.50 Filing Fee Certificate of Status (Additional copy is Certified Copy (Additional Copy is enclosed) Enclosed) Mailing Address Street Address Amendment Section Amendment Section FEDFX Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florid	ia Dept. of State)	· · · · · · · · · · · · · · · · · · ·	
(Document Nu	mber of Corporation (if km	own)	
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:	atutes, this Florida Not For	Profit Corporation a	dopts the following
A. If amending name, enter the new name of the corpo	ration:		
	N/A		The new
name must be distinguishable and contain the word "corpo" "Company" or "Co," may not be used in the name.	oration" or "incorporated"	or the abbreviation	"Corp." or "Inc."
B. Enter new principal office address, if applicable:			
Principal office address <u>MUST BE A STREET ADDRE</u>	<u>SS</u> )	$\mathcal{A}/\Delta$	
		N/Z1	
C. Enter new mailing address, if applicable:			20
(Mailing address MAY BE A POST OFFICE BOX)			A2.0
		NIA	<b>YOY</b>
		·//	22 0
D. If amending the registered agent and/or registered of	office address in Florida, e	enter the name of the	AH I
new registered agent and/or the new registered office	re address:		
Name of New Registered Agent:	_	ı/A	17 1 E
		7	<del> </del>
- <del></del>	(Flor	nda street address)	
New Registered Office Address:			
		, Florida	
	(City) , Florida (Zip Code)		Code)
New Registered Agent's Signature, if changing Register hereby accept the appointment as registered agent. I am		he obligations of the p	position.
	Signature of New Register	red Agent, if changing	<del></del>

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held, President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT         John De           V         Mike Jo           SV         Sally S	ones	
Type of Action (Check One)	Title	Name	Address
1) ChangeX_ Add	P	PATRICIA FERNANDEZ	16751 NE 9TH AVE, #308
Remove 2) Change Add	P	ISAAC POLANCO	NORTH MIAMI BEACH, FL 33K2 12590 NE 16TH AVE, #50
Remove 3) Change Add Remove	D	THERESE CALLISON	7931 NW 167TH TERRONCE MIAMI LAKES, FL 33016
4) Change Add	<u>. D</u>	ANDREA BOVINO	9455 W. FLAGIER ST., # C508 MIAMI, FL 33174
Remove  5) Change Add Remove			
6) Change Add			
E. If amending or additional shee		icles, enter change(s) here: (Be specific)	

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	)			
The date of each amendment(s) adoption: date this document was signed.	NOVEMBER	3	, 2021	, if other than the
Effective date if applicable:			<del></del>	· · · · · · · · · · · · · · · · · · ·
	nore than 90 days after			
Note: If the date inserted in this block does not document's effective date on the Department of		tatutory filing	requirements, this date	te will not be listed as the
Adoption of Amendment(s) (CF	IECK ONE)			
The amendment(s) was/were adopted by the	he members and the nu	imber of votes	s cast for the amendm	eni(s)

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Signature Dannies Jagnet
(By the chairman or viet chairman of the board, president or other officer-if directors have not been selected by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
TREASURER (Title of person signing)